

# **APPENDIX D**

## **Perinatal Depression**

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Depression and anxiety affect more women than men, according to the 1998 Behavioral Risk Factor Surveillance Survey. Women of childbearing ages and low-income ethno racial minority groups are more likely to experience depression. (Obstetrics & Gynecology 97/6) Depressive periods during pregnancy place women at risk for postpartum depression. (Obstetrics & Gynecology 97/6) The consequences of untreated depression during pregnancy are great. The impact on the developing fetus is unknown, but is of increasing concern. Depression is a serious disorder that even in its milder forms results in significant social morbidity among women. Depression during a pregnancy can result in increased risks of maladaptive social, emotional, and cognitive development in children. A depressive disorder is defined as an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things.

Of the women that experience depression during their lives, about 10% of these women experience postpartum depression. (Maternal and Child Health Bureau, Women's Health USA 2002) Poor maternal and poor fetal outcomes can be attributed to postpartum depression. Adverse outcomes such as low birth weight, gestational hypertension, adverse health behavior (i.e. Smoking) can be associated with postpartum depression. (Obstetrics & Gynecology 97/6)

Postpartum depression is common, serious and treatable. Screening for signs of postpartum depression during routine office visits can increase its recognition, and lead to early diagnosis and treatment.

The American College of Obstetricians and Gynecologists definitions (ACOG News Release, For Release: January 2002):

***Baby blues** are very common and affect about 70-85% of new moms. The baby blues, also known as postpartum blues, usually starts within three days of giving birth and can last up to 14 days. They typically go away on their own without treatment and rarely require more than a few days of rest and support.*

***Postpartum depression** is more intense and must be present for more than 2 weeks to distinguish it from the "baby blues." About 10% of new mothers suffer from postpartum depression (PPD) in the first year after giving birth. It can occur after a woman delivers, but usually begins two to three weeks after giving birth. PPD can last for months – up to a year and a half, or longer, if untreated. PPD often requires counseling and treatment.*

*Postpartum psychosis affect only about 1 in 1,000 women and most often occurs during the first four weeks after delivery. Patients with postpartum psychosis (PPP) are severely impaired and may have paranoia, mood shifts, or hallucinations which often command the patient to hurt herself or others. This condition requires immediate medical attention, and usually hospitalization.*

Predisposing factors. (ACOG News Release, For Release: January 2002)

Highest risk for PPD is a personal or family history of depression or mental illness. Other factors: an unwanted pregnancy; a complicated or difficult labor; a fetal anomaly; lack of social support (has no one to rely on for assistance or share thoughts and feelings); with a temporary by serious stressful life events (recent move, death of a loved one, job change). Women who have experienced PPD following the birth of a child may suffer from depression following a subsequent delivery. The recurrence of PPD is about one in three, or to one in four, in women with a history of PPD. What causes PPD is not clear. Research leads us to believe that PPD may be triggered by the hormonal shifts that occur after delivery. Also, the stress of life's upheavals exacerbates PPD.

#### Causes of PPD

Many factors have commonly occurred among women diagnosed with PPD such as: marriage problems; lack of social support; problems with the infant, pregnancy and delivery; prior history of depression and emotional problems. (Hagen, E H, 1999) If the thyroid does not function normally after delivery, the woman may develop a postpartum mood disorder. (Obstetrics, 4<sup>th</sup> edition, pg. 717)

Warning signs (ACOG News Release, For Release: January 2002)

Symptoms include deep sadness, irritability, apathy, intense anxiety, lack of appetite, inability to sleep, crying spells, irrational behavior, highly impaired concentration, impaired decision-making, feeling of being overwhelmed, unable to cope with daily tasks, and feelings of guilt about not being a good mother.

#### Screening for PPD

An open discussion with women about feelings, social support, and pregnancy can initiate an assessment of women's beliefs about depression. Knowing the predisposing factors, and the risk of recurrence, allows screening to be tailored to the individual's case. The nurse can use a depression screening tool to identify the significance of the mood disorder and the risk of depression. This information will help the nurse develop a plan of care and arrange support for the woman. Early identification of women with the signs and symptoms, with offering supportive care and reassurance is the first line of treatment. (Obstetrics, 4<sup>th</sup> edition, pg. 717)

PPD can occur anytime during the first 12 months after delivery, or the first 3 months postpartum. At a minimum PPD can last 4 to 8 weeks. ACOG recommends physicians use the Edinburgh Postnatal Depression scale. A score of 12 or greater indicates a greater risk for depression. (Obstetrics, 4<sup>th</sup> edition, pg. 719) The Beck Depression Inventory is also a well-known self-reporting tool that assesses the intensity of depressive symptomatology. The Virginia Healthy Start Program and the Resource Mothers

Program will be using a screening tool to identify women during pregnancy and during the postpartum period.

#### Referrals for PPD

Referrals and treatment will occur based on the intensity and severity of symptoms of the women assessed as having symptoms of depression. Referral options will depend on available resources/services and level of medical insurance or covered benefits: Local Community Service Board, Medical Treatment Facilities, Primary Care Provider, Managed Care Organization. Discuss assessment (i.e., screening score, symptoms) with the health care provider and plans to address the need to receive treatment and follow up. Screening for PPD may be associated with an increase in the identification, referrals, diagnosis, and treatment of PPD. (The Journal of Family Practice, 50/2)

#### **Resources:**

ACOG - - <http://www.acog.com/>

AWHONN - - <http://www.awhonn.org>

Maternal and Child Health Bureau - - <http://mchb.hrsa.gov/>

Post-partum Depression - - <http://www.post-partum-depression.com>

Family Mental Health Foundation - - <http://fmhf.org/About.html>

# Edinburgh Postnatal Depression Scale (EPDS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Baby's Age: \_\_\_\_\_

Phone: \_\_\_\_\_

As you have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt in the past 7 days, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: "I have felt happy most of the time" during the past week.  
Please complete the other questions in the same way.

In the past 7 days:

- |   |   |
|---|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I always could</li> <li><input type="checkbox"/> Not quite so much now</li> <li><input type="checkbox"/> Definitely not so much now</li> <li><input type="checkbox"/> Not at all</li> </ul> <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I ever did</li> <li><input type="checkbox"/> Rather less than I used to</li> <li><input type="checkbox"/> Definitely less than I used to</li> <li><input type="checkbox"/> Hardly at all</li> </ul> <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, some of the time</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, never</li> </ul> <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, not at all</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Yes, very often</li> </ul> <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite a lot</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> No, not much</li> <li><input type="checkbox"/> No, not at all</li> </ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li> <li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li> <li><input type="checkbox"/> No, most of the time I have coped quite well</li> <li><input type="checkbox"/> No, I have been coping as well as ever</li> </ul> <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Only occasionally</li> <li><input type="checkbox"/> No, never</li> </ul> <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Never</li> </ul> |
|---|---|

## Edinburgh Postnatal Depression Scale (EPDS)

The Edinburgh Postnatal Depression Scale (EPDS) has been developed to assist primary care health professionals in identifying mothers suffering from postnatal depression, a distressing disorder more prolonged and intense than the “blues” (which occur in the first week after delivery), but less severe than puerperal psychosis.

Previous studies have shown that postnatal depression affects at least 10 percent of women and that many depressed mothers remain untreated. These mothers may cope with their baby and with household tasks, but their enjoyment of life is seriously affected, and postnatal depression can have long-term effects on the family.

The EPDS consists of 10 short statements, each with four responses. The mother underlines the response that most closely matches how she has been feeling during the past week. Most mothers complete the EPDS without difficulty in less than 5 minutes.

### SCORING RESPONSES

The mother is asked to underline the response that most closely matches how she has been feeling in the previous 7 days. Response categories are scored 0, 1, 2, and 3, according to severity of the symptom. Items marked with an asterisk are reverse scored (i.e., 3, 2, 1, and 0). All 10 items must be completed. The total score is calculated by adding together the scores for each of the 10 items.

The validation study showed that mothers who scored above a threshold of 12/13 were likely to be suffering from a depressive disorder. The severity of the disorder varied. Nevertheless the EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The EPDS indicates how the mother felt *during the previous week*; in doubtful cases it may be usefully repeated after 2 weeks. The EPDS will not detect mothers with anxiety disorders, phobias, or personality disorders.

Care should be taken to avoid the possibility of the mother discussing her answers with others. The mother should complete the EPDS herself, unless she has limited English or has difficulty reading.

The EPDS may be used at 6 to 8 weeks postpartum to screen postnatal women. An infant health supervision visit, a postnatal checkup, or a home visit may provide suitable opportunities for its completion.